

## **B1: THE ELIMINATION OF ASBESTOS SUBMITTED BY: THE OCCUPATIONAL HEALTH AND SAFETY SECTION**

As early as 1898, the British government factory inspectors recognized adverse health effects associated with exposure to asbestos fibers.(1) By the 1930's the scientific evidence was well established of the association between asbestos exposure and non-malignant respiratory disease,(2) and with the publication of Dr. Irving Selikoff's study of insulation workers in 1964,(3) the evidence of carcinogenicity was incontrovertible as well.

Despite the concerns of asbestos exporting countries and business interests of the mining industry, the scientific consensus today is that all types of asbestos fibers, including chrysotile, cause asbestosis, lung and other cancers, specifically mesothelioma.(4-6)

The magnitude of the public health problem presented by asbestos and its ubiquitous use during the last 50 years is revealed by death certificate data analyzed by the National Institute for Occupational Safety and Health (NIOSH). NIOSH identified 2,485 deaths in the U.S. in 1999 in which malignant mesothelioma was listed as an underlying or contributing cause of death;(7) and that during 1968--2005, asbestosis was identified as the underlying cause of death for 9,024 decedents, 13% of these were aged 25-64 years.(8) These data undoubtedly underestimate the situation as asbestos-related disease can take 10 to 50 years to present.(9-10) The estimated portion of lung cancer deaths attributed to asbestos exposure is 2-3 percent.(11-12)

With respect to disability, asbestosis is a chronically progressive disabling and often fatal disease which cannot be cured and continues to affect workers in the US and around the globe today.

These characteristics present particular problems for the workers' compensation systems in the US prompting the APHA to oppose legislation that would limit the right of victims of asbestos disease to recover damages from asbestos manufacturers.(13)

As a surprise to many, asbestos still is used in the United States for certain products manufactured domestically---the government estimates 2,200 metric tons(14) and an unknown amount of asbestos continues to be imported into the United States in products that were manufactured elsewhere.(8,15).

In addition, despite active removal efforts, an estimated 1.3 million construction- and general-industry workers in the United States potentially are exposed to asbestos each year, mainly from manipulation of asbestos during renovation or demolition activities.(16)

The acting U.S. Surgeon General in April 2009 responded to U.S. Senate Resolution 57 which urged "the Surgeon General to warn and educate people about the public health issues of asbestos exposure," (17) however, the statement he issued was deficient. It did not respond appropriately to the spirit of Senate Resolution 57 to communicate the severity and magnitude of the public health threat.

In a global context the World Health Organization has estimated that in the single year 2000, the mortality and morbidity impact of asbestosis was 7,000 deaths.(18) In addition,

at least 125 million people across the globe are exposed to asbestos at work or in their communities.(19) Moreover, countries such as Canada mine and manufacture asbestos for exportation to developing countries while banning it for local use due to its health hazards. These countries continue to stand in the way of international consensus by blocking even the inclusion of chrysotile asbestos in a list of hazardous substances requiring prior informed consent when exporting them under the Rotterdam convention.

The World Federation of Public Health Associations, the International Commission on Occupational Health, and the International Trade Union Confederation have joined to seek a global ban on mining and use of asbestos products and currently more than 40 industrialized countries have banned asbestos. (20)

The World Health Organization called for the elimination of asbestos-related disease, noting that the “most efficient way to eliminate asbestos-related diseases is to stop using all types of asbestos...”(21) In addition, the International Labour Organization (ILO) has stated that “the elimination of the future use of asbestos and the identification and proper management of asbestos currently in place are the most effective means to protect workers...” (22).

Finally, in the 110<sup>th</sup> Congress, the American Public Health Association supported the “*Bruce Vento Ban Asbestos and Prevent Mesothelioma Act of 2008.*”<sup>23</sup> We recognize that a ban on asbestos would save lives and reduce the suffering experienced by victims of exposure, but also has the potential to displace workers causing economic hardship and the resulting impacts. Therefore attention must be given to steps to be put in place for a just transition for these displaced workers, particularly in countries like Zimbabwe.

### **Recommendations:**

Therefore, recognizing the need to update APHA policy on this most vital public health problem:

1. APHA urges the U.S. Congress to pass legislation banning the manufacture, sale, export or import of asbestos-containing products (i.e., products to which asbestos is intentionally added or products in which asbestos is a contaminant.) The ban should also apply to products containing asbestos, arising from asbestos-contamination of other ingredients minerals (e.g., talc, vermiculite, taconite, quarried stone, etc.)
2. APHA urges Congress to direct research funding that will identify significant remaining public health hazards due to mining of asbestos, or mining or excavation of other minerals naturally occurring with asbestos.
3. APHA urges the U.S. Surgeon General to warn and educate people annually about the public health issues related to asbestos exposure, ensuring that the information reflects current scientific knowledge about adverse health consequences.
4. APHA urges the U.S. Surgeon General to disseminate widely and annually its asbestos warning to all relevant federal and state health, consumer, labor and environmental protection agencies.
5. APHA urges NIOSH and OSHA to issue an annual statement to alert workers in high-risk occupations, such as vehicle mechanics, construction, and shipbuilding, of the adverse health risks associated with exposure to asbestos, and include

- information on potential early warning symptoms in at least English, Spanish, and French.
6. APHA urges Congress that all public and commercial buildings should have their asbestos-containing materials identified and managed on a basis that observes strict safeguards when repairs and renovations are made.
  7. APHA urges the US Government to refrain from the use of asbestos products where possible specifically eliminating asbestos brakes from government vehicles.
  8. APHA urges the US Administration to support efforts for a legally binding treaty to ban asbestos mining and manufacturing throughout the world.
  9. APHA condemns the exportation of asbestos or asbestos containing materials for use or destruction in developing countries.
  10. APHA urges the US Administration to use its diplomatic influence with Canada, Russia and other countries to stop their dangerous practice of exporting asbestos.
  11. APHA calls upon global corporations and development banks to establish policies prohibiting asbestos-containing materials in new construction and disaster relief projects.
  12. APHA encourages steps by governments to provide income support and re-training, and funding for relocation if necessary, for workers who lose their jobs as a result of protective legislation. In addition, international aid agencies should assist in this effort. For instance, the health agenda of WHO/World Bank/IMF should include adjustment assistance to workers.

### **Implementation Steps**

1. APHA should continue to monitor and support legislation under development in the U.S. Congress, and ensure support of provisions that create funding for research and treatment of people with asbestos-related diseases.
2. APHA should promote alliances to work on the issues described in this policy with other advocacy groups.

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23. Letter from Georges Benjamin, MD, Executive Director, APHA. To the Honorable Gene Green, Chairman, Subcommittee on Environment and Hazardous Materials, U.S. House of Representatives Committee on Energy and Commerce, September 11, 2008.